

2. EVALUATING THE HIV PREVENTION COMMUNITY PLANNING PROCESS

Introduction

CDC requirements and suggestions regarding community planning evaluation are discussed at length in CDC's announcements for health department HIV prevention funding. There are two data sets already required of CDC health department grantees are reports on the community planning groups' composition and on allocation of CDC funds to particular interventions and populations. For reference purposes, the requested forms for these data sets--the *Profile of Community Planning Group Members* and the *Table of Estimated Expenditures for HIV Prevention*--are featured in this chapter's appendix and summarized below. Therefore, no additional evaluation activities are discussed in this guidance.

Grantees are encouraged to participate in other efforts to evaluate community planning. Ideas and resources for doing so are provided in Chapter 2 of *Evaluating CDC-funded Health Department HIV Prevention Programs--Volume 2: Supplemental Handbook*.

CDC Requirements for Evaluating HIV Prevention Community Planning

The CDC requests stated in Announcement 99004 include the following:

- A. Health department grantees are encouraged to document the implementation of HIV prevention community planning in their jurisdictions. In addition, community planning evaluation activities conducted by the health department and community planning group(s) should attempt to describe and assess these and other aspects pertaining to implementation of the initiative:
 - 1) Recruitment of community planning group members and representation of affected communities and areas of expertise on the community planning group (Community Planning Core Objectives 1 and 2).
 - 2) Application of a needs assessment and an epidemiologic profile to determine target groups and HIV prevention strategies (Community Planning Core Objective 3).
 - 3) Application of scientific knowledge in the selection and formulation of intervention strategies (Community Planning Core Objective 4).
 - 4) Development of goals and measurable objectives for the planning process and progress toward meeting the objectives.
 - 5) Assessment of the cost of the process.
 - 6) Assessment of the extent to which resources allocated by the health department match the epidemiologic profile.

- B.** Health department grantees should ensure that community planning groups reflect the diversity of the epidemic in the jurisdiction, and that expertise in epidemiology, behavioral science, health planning and evaluation are included in the process. This includes the following:

- 1) Summarize the characteristics and expertise represented by members of the community planning groups over the past 12 months in terms of age, sex, race/ethnicity, socioeconomic status, geographic and metropolitan statistical area (MSA)-size distribution (urban and rural residence), and risk for HIV infection. (Use of the *Profile of Community Planning Group Members* in this chapter's appendix is requested.) Discuss any gaps in representation and approaches that have been used during the past 12 months to address the gaps. Briefly describe any methods used to obtain input from outside group membership.

Note: Do not include any information that might link HIV status to any individual.

- 2) Describe planned activities for the next 12 months including plans for addressing any gaps in representation.

- C.** CDC suggests that grantees complete the *Table of Estimated Expenditures for HIV Prevention* (in this chapter's appendix), indicating HIV prevention allocations by intervention, population, and race/ethnicity. These data are used to report to federal policymakers about the use of tax dollars and about targeted programs. In addition, these data help CDC and its grantees justify the need for additional support.

Note: Following receipt of awards, additional budgetary information may be requested.

APPENDIX

Profile of Community Planning Group Members

JURISDICTION NAME: _____

TYPE OF CPG THAT THE MEMBERSHIP GRID DESCRIBES *(Please check one of the following)*

_____ Statewide _____ Regional _____ Directly Funded City _____ Local _____ Other

INSTRUCTIONS: Please provide actual numbers for all of the following tables. In addition, TOTAL CPG MEMBERS in each table should be the same.

TABLE 1: GEOGRAPHIC DISTRIBUTION

GEOGRAPHIC DISTRIBUTION CATEGORY				
Urban Metropolitan Area*	Urban Non-metropolitan Area**	Rural***	Not Reported	TOTAL CPG MEMBERS

* **Urban Metropolitan Area** - The presence of an **urbanized area** and a total population of at least 100,000. See also definition of **Urbanized Area**. *(US Census Bureau)*

** **Urban Non-metropolitan Area** - The presence of an **urbanized area** and a total population of less than 100,000. See also definition of **Urbanized Area**. *(US Census Bureau)*

*** **Rural** - The population and territory outside any **urbanized area** with a decennial census population of 2,500 or more. See also definition of **Urbanized Area**. *(US Census Bureau)*

Urbanized Area - An area consisting of central place(s) and adjacent urban fringe that together have a minimum residential population of at least 50,000 people and generally an overall population density of at least 1,000 people per square mile of land area. *(US Census Bureau)*

TABLE 2: AGENCY/OTHER REPRESENTATION

AGENCY/ OTHER REPRESENTATION CATEGORY											
Faith Com- munity	Minority Board CBO	Non- Minority Board CBO	State Health Depart- ment	Local Health Depart- ment	Other Govern- ment	Academic Institution	Research Center	Individual	Other Non- Profit	Other/ Not Reported	TOTAL CPG MEMBERS

TABLE 3: EXPERTISE

EXPERTISE CATEGORY								
Epidemiologis t	Behavioral or Social Scientist	Evaluation Researcher	Primary Intervention Specialist	Health Planner	Community Representa- tive	Other	Not Reported	TOTAL CPG MEMBERS

TABLE 4: GENDER

GENDER CATEGORY				
MALE	FEMALE	TRANSGENDER	Not Reported	TOTAL CPG MEMBERS

TABLE 5: AGE

AGE CATEGORY					
13 - 24	25 - 44	45 - 65	66 - over	Not Reported	TOTAL CPG MEMBERS

TABLE 6: RACE/ETHNICITY

RACE/ ETHNICITY CATEGORY							
African-American (Not Hispanic)	White (Not Hispanic)	Hispanic/ Latino	Asian/ Pacific Islander	Native American/ Alaska Native	Other	Not Reported	TOTAL CPG MEMBERS

TABLE 7: CPG REPRESENTATION OF HIV EXPOSURE

CPG REPRESENTATION OF HIV EXPOSURE CATEGORY					
MSM*	IDU**	MSM/IDU***	Heterosexual (not IDU-related)****	Not Reported	TOTAL CPG MEMBERS

* MSM is considered the HIV-exposure mode for male-to-male sexual contact.

** IDU is considered the HIV-exposure mode for injection drug users.

*** MSM/IDU is considered the HIV-exposure mode for persons who have male-to-male sexual contact and who are injection drug users.

**** Heterosexual (not IDU-related) is considered the HIV-exposure mode for persons who reported heterosexual contact with a partner who is either HIV-infected or known to be at high risk for HIV infection.

TABLE 8: CPG REPRESENTATION OF HIV EXPOSURE BY RACE/ETHNICITY

	CPG Members by HIV Exposure
RACE/ETHNICITY CATEGORY	MSM*
Black (Not Hispanic)	
White (Not Hispanic)	
Hispanic/Latino	
Asian/Pacific Islander	
Native American/Alaska Native	
Other	
Unknown/ Not Reported	
	TOTAL CPG MEMBERS

TABLE 9: HIV/AIDS STATUS

CPG MEMBERS LIVING WITH HIV/AIDS*			
YES	NO	Not Reported	TOTAL CPG MEMBERS

* All jurisdictions should ensure the confidentiality of information used for TABLE:9 and other information collected for the CPG Membership Grid.

Tables of Estimated Expenditures for HIV Prevention: Announcement #99004

Project Area _____

Cooperative Agreement No. _____

Table A: Budget Projections for CTRPN and HE/RR by Race/Ethnicity and HIV Exposure/Risk Group

Table A collects information on HOW the funds will be expended for CTRPN and HE/RR by race/ethnicity and HIV exposure or transmission risk. The CTRPN and HE/RR table (#1 and #2 below) are organized into rows and columns for this purpose. (Note, some cells may have no entries. Also, the “other” row and column can be used for amounts that cannot be categorized by both race/ethnicity and HIV exposure or transmission risk.) Please provide subtotals for both columns and rows. The sum of the column totals should be equal to the sum of the row totals; these two sums should be equal to the total for the category.

1. Counseling, Testing, Referral, and Partner Notification (CTRPN): Include costs associated with conducting HIV counseling, testing (including laboratory services), referral, and partner notification activities. All costs for health department staff and materials, including direct assistance (DA), involved in CTRPN, as well as allocations for prevention partners (contractors) will be included here, e.g., costs for program administration, staffing, training, quality control, lab costs, materials, etc.						
Provide best estimates of projected expenditures for CTRPN as targeted by or for:	HIV EXPOSURE OR TRANSMISSION RISK				Other or not targeted by HIV exposure or transmission risk	CDC HIV Prevention Funds (Announcement #99004) Row Totals
RACE/ETHNICITY	Men who have Sex with Men (MSM)	Injecting Drug Users (IDU)	MSM/IDU	Heterosexual Contact		
American Indian/Alaska Native						
Asian/Pacific Islander						
Black (non-Hispanic)						
Hispanic						
White (non-Hispanic)						
Other or not targeted by race						
Column Totals						

CTRPN Total

NOTE: The figures on these tables are understood to be estimates based on projected expenditures and are subject to change. Rounding off is appropriate, provided that the total reflects the total amount in the notice of grant award.

2. Health Education/Risk Reduction (HE/RR): Include costs associated with carrying out prevention programming activities aimed at every level. All costs for health department staff and materials (including DA) involved in HE/RR, as well as allocations for prevention partners (contractors) will be included here, e.g., costs for program administration, staffing, training, quality control, materials, incentives, equipment, etc.

Provide best estimates of projected expenditures for HE/RR as targeted by or for: RACE/ETHNICITY	HIV EXPOSURE OR TRANSMISSION RISK				Other or not targeted by HIV exposure or transmission risk	CDC HIV Prevention Funds (Announcement #99004) Row Totals
	Men Who Have Sex with Men (MSM)	Injecting Drug Users (IDU)	MSM/IDU	Heterosexual Contact		
American Indian/Alaska Native						
Asian/Pacific Islander						
Black (non-Hispanic)						
Hispanic						
White (non-Hispanic)						
Other or not targeted by race						
Column Totals						

HE/RR Total

Table B: Budget Projections for CTRPN and HE/RR by Gender

Table B collects information on how the funds for CTRPN and HE/RR will be expended according to gender. Note, some cells may have no entries. Also, the “other” category can be used for amounts that cannot be categorized by gender. The column total for CTRPN should be equal to the amount from Table A (1), whereas the column total for HE/RR should be equal to the amount from Table A (2).

Please provide the best estimate of projected expenditures as targeted by gender.		CDC HIV Prevention Funds (Announcement #99004)
1. CTRPN: The total amount from Table A (1) broken out by gender	Males	
	Females	
	Transgender	
	Other or not targeted by gender	
	CTRPN Column Totals	
1. HE/RR: The total amount from Table A (2) broken out by gender	Males	
	Females	
	Transgender	
	Other or not targeted by gender	
	HE/RR Column Totals	

Table C: Budget Projections by Major Funding Activities

Table C collects information on how the funds will be expended according to each major program activity. Please provide a total for each funding activity listed below. The sum of the amounts from each category (#1 through #8) should equal the total amount of the cooperative agreement.

<p>Note: The figures on this table are understood to be estimates, based on projected expenditures and are subject to change. Rounding off is appropriate, provided that the total reflects the total amount in the notice of grant award.</p>	<p>CDC HIV Prevention Funds (Announcement #99004)</p> <p>Row Totals</p>
<p>1. CTRPN: The total amount from Table A (1)</p>	
<p>2. HE/RR: The total amount from Table A (2)</p>	
<p>3. Public Information (PI): Include costs associated with providing information to the general public, e.g., general and targeted media campaigns, hotlines, and clearinghouses. All costs for health department staff and materials (including DA) involved in public information, as well as allocations for prevention partners (contractors) will be included here, e.g., costs for program administration, staffing, training, quality control, media charges, printing, materials, etc.</p>	
<p>4. Evaluation and Research: Include costs associated with conducting specific evaluation and research activities to characterize interventions and prevention programs. These may be studies conducted by health department staff or contracted out. Include all costs here, e.g., staffing and administering such projects, materials and data processing costs, etc. Note: Routine quality control and program monitoring costs should be included in categories 1-3 above, as appropriate.</p>	
<p>5. Capacity-Building and Infrastructure Development: Include costs associated specifically with health department and community-based organizations (CBOs) infrastructures development for building the capacity of the health department and other prevention partners to conduct effective prevention programs. These activities may be conducted by health department staff (i.e., this may be a major task for many health department staff) or contracted out. Include all costs here, e.g., staff time, materials, meeting costs, CBO indirect costs, etc. Note: Training for CTRPN, HE/RR, and PI should be included in categories 1-3 above, as appropriate.</p>	
<p>6. Community Planning: Include costs associated with <i>conducting the planning process</i>, e.g., leadership, coordination, staff support, travel, meeting costs, reproductions, reimbursed costs, etc. This includes conducting all planning tasks as outlined in the Supplemental Guidance: developing an epidemiologic profile, conducting needs assessments, priority setting, developing a comprehensive plan, evaluating the planning process, recruitment, etc. These activities may be conducted by health department staff, or community planning group members or contracted out.</p>	
<p>7. Other: Include costs that cannot fit into any of the categories 1-6 above. Please list, on a separate sheet, the types of activities that are accounted for on this line.</p>	
<p>8. Indirect Cost: This is the same as line 6.j. on form 424A.</p>	
<p>COOPERATIVE AGREEMENT AWARD TOTAL: This is the sum of all items 1 through 8 above.</p>	<p>Ö</p>

Table D: Budget Projections by Major Provider/Contractor of Services

Table D collects information on which organization will provide the services. The sum of the amounts to each provider (#1 through #6, below) should equal the total amount of the cooperative agreement award. The total for Table D will be the same as the total for Table C. The amounts are expected to be as accurate as possible; however, it is understood that these are estimates of proposed allocations.

NOTE: The figures on this table are understood to be estimates, based on projected expenditures and are subject to change. Rounding off is appropriate, provided that the total reflects the total amount in the notice of grant award.	CDC HIV Prevention Funds (Announcement #99004)
1. Amount of Announcement #99004 funds projected or estimated to be contracted out to CBOs/non-governmental organizations (NGOs), either directly to CBOs/NGOs or through an intermediary (i.e., local health department [LHD] or other unit), to provide HIV prevention services and activities. Type “x”, if none.	
2. Amount of Announcement #99004 funds projected or estimated to be contracted to LHDs (i.e., non-grantee public health agencies) to provide HIV prevention services and activities. Type “x”, if none. Note: for directly funded cities, this will be blank. For states with directly funded cities, this amount should include any funds allocated to those directly funded cities.	
3. Amount of Announcement #99004 funds projected or estimated to be contracted to other public agencies (i.e., corrections, mental health, etc.) to provide HIV prevention services and activities. Type “x”, if none.	
4. Amount of Announcement #99004 funds projected or estimated to be contracted to universities, research, or consulting organizations to provide assistance in planning, researching, delivering, or evaluating HIV prevention services and activities. Type “x”, if none.	
5. Amount of any additional Announcement #99004 funds, not accounted for above, projected or estimated to be contracted out. Type “x”, if none. Please list, on separate sheet, the type of providers accounted for on this line.	
6. Amount of Announcement #99004 remaining in the health department, i.e., for all program costs directly carried out by grantee health department (whether staff are at the grantee health department or assigned to local, i.e., non-grantee, health departments). This will include all amounts not contracted out, i.e., the difference of the sum of the above five items and total award.	
COOPERATIVE AGREEMENT AWARD TOTAL: This is the sum of all items 1 through 6 above Ö	

Table E: Budget Projections Targeted for Young People

This table requests information regarding program expenditures supporting activities directed to persons 13 to 25 years of age. The expenditures reported on this table will be extracted from amounts reported on tables A(1) and A(2). The total for this table will most likely NOT be the total of your announcement 99004 funds; it should reflect only that portion for persons ages 13 to 25. Please provide information by race/ethnicity and HIV exposure or transmission risk. (Note, some cells may have no entries. Also, the “other” row and column can be used for amounts that cannot be categorized by both race/ethnicity and HIV exposure or transmission risk.) Please provide subtotals for both columns and rows. The sum of the column totals will be equal to the sum of the row totals; these two sums will be equal to the total amount you project for youth activities.

NOTE: The figures on this table are understood to be estimates based on projected expenditures and are subject to change.

Rounding off is appropriate.

Provide best estimates of your projected expenditures for youth as targeted by or for:	HIV EXPOSURE OR TRANSMISSION RISK				Other or not targeted by HIV exposure or transmission risk	CDC HIV Prevention Funds (Announcement #99004) Row Totals
	Men Who Have Sex with Men (MSM)	Injecting Drug Users (IDU)	MSM/IDU	Heterosexual Contact		
RACE/ETHNICITY						
American Indian/Alaska Native						
Asian/Pacific Islander						
Black (non-Hispanic)						
Hispanic						
White (non-Hispanic)						
Other or not targeted by race						
Column Totals						

Total Amount of Announcement 99004 Funds targeted for persons age 13 to 25.

Name and phone number of person to contact with questions: _____

Date completed: _____

Notes/comments: